

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

**21510**  
Do not use this space.

1. PLACE OF DEATH *Boone* 3 Registration District No. *73*  
 (a) County *Boone* Primary Registration District No. *3006*  
 (b) Township *Columbia* 1  
 (c) City *Columbia* (d) Street No. *Canalesant Home* 104 St. *Ripley*  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *James Daniel Stewart*  
 (a) Residence, No. *104 Ripley* St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Margurite Stewart*  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec 23 1856*  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
*82 5 24*  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Retired Farmer*  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky*

FATHER 13. NAME *Isaac Stewart* 9  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky*

MOTHER 15. MAIDEN NAME *Mary Rany*  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky*

17. INFORMANT (ADDRESS) *Mabel Stewart Columbia*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Columbia* DATE *6-19-1939*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *R. O. Willett Columbia Mo*

20. FILED *6/19/1939* *Allie Selby* Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 17 1939*

22. I HEREBY CERTIFY, That I attended deceased from *June 16, 1939* to *June 16, 1939*  
 I first saw him alive on *June 16, 1939* Death is said to have occurred on the date stated above, at *12:30 P.M.*  
 The principal cause of death and related causes of importance were as follows:

*Cerebral Hemorrhage*  
*of 24th*

Other contributory causes of importance: *General Arterio-sclerosis*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify *St. Louis Church, M. D.*  
 (Signed) *Columbia Mo*  
 74 (Address)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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JUL 8 1939

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

Leonard A. Sprinkle

Licensed Embalmer No. 4013

P. O. Address .....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**